

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03/28/03.

## **I. DISPUTE**

Whether there should be reimbursement for CPT codes 99213, 97265, 97250, 97110 on date of service 04/30/02.

## **II. RATIONALE**

- CPT code 99213 on date of service 04/30/02. The respondent submitted an EOB showing payment in the amount of \$48.00. Additional reimbursement is not recommended.
- CPT code 97265 on date of service 04/30/02. The respondent submitted an EOB showing payment in the amount of \$43.00. Additional reimbursement is not recommended.
- CPT code 97250 on date of service 04/30/02. The respondent submitted an EOB showing payment in the amount of \$43.00. Additional reimbursement is not recommended.
- CPT code 97110 (3 units) on date of service 04/30/02. The respondent submitted an EOB showing payment in the amount of \$105.00 (\$35.00 x 3 units). Additional reimbursement is not recommended.

## **I. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement

The above Findings and Decision are hereby issued this 6<sup>th</sup> day of February 2004.

Laura L. Campbell  
Medical Dispute Resolution Officer  
Medical Review Division

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